

COMMONWEALTH OF MASSACHUSETTS

Commission Against Discrimination

One Ashburton Place, Room 601

Boston, MA 02108

(617) 994-6000

(617) 994-6024 fax

Case Name: _____
Docket No: _____
Date: _____
Answers Due by: _____

For Internal Use Only

FOR COMPLAINANT:
QUESTIONNAIRE AND DOCUMENT REQUESTS ON
HARASSMENT

1. Please tell us about your employment history with your employer:
 - a. How long were you employed there?
 - b. What was your job title?
 - c. Was there a probationary period for your job?
 - d. Were you a temporary employee or contract employee?
 - e. Were you ever promoted?

2. Please state your job duties in this position.

3. Please state when you feel you were harassed (please provide dates).

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4. Please provide us with the name(s) of the person(s) who were involved with your harassment and their job title.

5. Please state if your employer has ever disciplined you or given you verbal or written warnings and provide copies of any documents you have that may support your claim.

6. Were you performing your job to your employer's satisfaction at the time you were harassed? Please provide copies of any documents including performance reviews that may support your statement.

7. Did you report the harassment to anyone at your employment? Please give us the names and job titles of those individuals.

8. Did anyone for the employer take any type of action against those individuals (progressive discipline; suspension; warning; investigation; termination)?

9. Please provide us with names of co-workers who you feel are similarly situated (i.e.; same job duties) to you, but were not subjected to the same or similar harassment that you received. Also, tell us why you believe they were not subjected to the same type of harassment.

10. Please list the names and telephone numbers of any witnesses that the Commission could contact who would verify or support your allegations.

In addition to the documents already requested, please provide us with the following:

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Signature of Complainant

Date

Please mail or fax your answers and supporting documents to:

Keith Healey / Tania Taveras at:

MCAD, One Ashburton Place, Room 601, Boston MA 02108

Fax: (617) 994-6040